

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILED DATE

10671835

09-29-03

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		3		3		
12		(1)		1		
13		1		1		
14		1		1		
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TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	23					
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